

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1002

TRADEMARKS

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XEROX SQ., 020
ROCHESTER, NY 14644

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

Check if additional changes are on reverse side

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)														
<p align="center"><i>[Handwritten Signature]</i></p>															
<p align="center">EXAMINER AND GROUP ART UNIT</p>															
<p align="center">02/561-627 03/02/90 064 SMITH, M 2001 03/09/91</p>															
<p align="center">BLOCKING: ROCK B.</p>															
<p align="center">NUMBER OF VIEWSPOINT WITH RESPECT TO A TARGET IN A THREE-DIMENSIONAL MEDIUM SPACE</p>															
<table border="1"> <tr> <td>APLNS/COPIES NO.</td> <td>CLASS-SUBCLASS</td> <td>CATCH NO.</td> <td>APPLN. TYPE</td> <td>SMALL ENTITY</td> <td>FEF DUE</td> <td>CATE/RE</td> </tr> <tr> <td>6</td> <td>225-127-000</td> <td>112</td> <td>UTILITY</td> <td>NO</td> <td>\$1120.00</td> <td>06/02/91</td> </tr> </table>		APLNS/COPIES NO.	CLASS-SUBCLASS	CATCH NO.	APPLN. TYPE	SMALL ENTITY	FEF DUE	CATE/RE	6	225-127-000	112	UTILITY	NO	\$1120.00	06/02/91
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6	225-127-000	112	UTILITY	NO	\$1120.00	06/02/91									

3. Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

0220071 04/13/93 07561627
0220072 04/13/93 07561627

DO NOT USE THIS SPACE
24-0025 020 561 1,120.00CH
24-0025 020 561 30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Xerox Corporation

(2) ADDRESS: (City & State or Country)

Stamford, CT

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

New York

6a. The following fees are enclosed:

Issue Fee Advanced Order - # of Copies _____

(Minimum of 10)

6b. The following fees should be charged to:

24-0025

DEPOSIT ACCOUNT NUMBER _____

(Enclose Part C)

Issue Fee Advanced Order - # of Copies 10

(Minimum of 10)

Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

James J. Blum

(Date)

3/24/93

Reg. No. 31,110

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.